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| **iNTEGRAAL PROJECT – CONFIDENTIAL** | | | | | | | | | | | |  | | |
| **protecting your personal INFORMATION CONSENT FORM** | | | | | | | | | | | |  | | |
|  |  |  |  | | | | | | | | |  |  |  |
|  |  |  | I understand that personal information gathered by the IntegrAAL project about me and my care arrangements, may need to be shared with other agencies and that those agencies will hold both paper and electronic records.  I agree to the agencies named belowsharing and/or seeking information about me with each other. The information should only be used for the purpose of providing a service to me; however I understand that IntegrAAL will use information for research, training and statistical purposes, but this will not identify me. My information will be available for audit by statutory (CQC) and independent (AAL) bodies until 2020; then destroyed.  My agreement is based upon my understanding that due care will be taken to disclose only that information that each organisation needs to discharge its responsibility to deliver a service to me. | | | | | | | | |  |  |  |
|  |  |  |  | | | | | | | | |  |  |  |
|  |  |  |  | | | | | Yes | No | N/A | | |  |  |
|  |  |  | Adult and Community Services (Dorset County Council) | | | | |  |  |  | | |  |  |
|  |  |  | NHS (GP surgery, District Nurse and other community based staff and  hospital staff) | | | | |  |  |  | | |  |  |
|  |  |  | Independent Care Organisations  (specify which if necessary) | | | | |  |  |  | | |  |  |
|  |  |  | Family & Significant others, details provided by myself. | | | | |  |  |  | | |  |  |
|  |  |  | Emergency Services – Police, Fire brigade, Ambulance service. | | | | |  |  |  | | |  |  |
|  |  |  | Housing Association *(specify)* | | | | |  |  |  | | |  |  |
|  |  |  | Voluntary Organisations *(specify)* | | | | |  |  |  | | |  |  |
|  |  |  | Private services engaged by myself (for example gardener, Cleaner) | | | | |  |  |  | | |  |  |
|  |  |  | Members of the community who help me (for example Café, Shop, Church) | | | | |  |  |  | | |  |  |
|  |  |  | Other: As specified by myself | |  | | |  |  |  | | |  |  |
|  |  |  | Specific Exclusions – see overleaf | |  | | |  |  |  | | |  |  |
|  |  |  |  | | | | | | | | |  |  |  |
|  |  |  |  | | | | | | | | |  |  |  |
|  |  |  |  | | | | | | | | |  |  |  |
|  |  |  | I understand that if I do not agree to information about me and my circumstances being shared  with other agencies it may impact on the project, potentially being less successful for me. I understand that I am free to contact any agencies myself in order to access services. | | | | | | | | |  |  |  |
|  |  |  |  |  |  |
|  |  | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | | |
|  | Full Name: | | |  | |  | | | | | |  |  |  |
|  |  |  |  | | | | | | | | |  |  |  |
|  | Signed: | | |  | |  | Date: |  | | | | | |  |
|  |  |  |  | | | | | | | | |  |  |  |
|  |  |  |  | | | | | | | | |  |  |  |

**iNTEGRAAL PROJECT - CONFIDENTIAL**

**If the person is not able to sign or lacks capacity to consent:**

I confirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_ *(name of person)* is unable to sign but has indicated consent **/** lacks capacity to make this decision and it is in their best interests to share the information **(delete as appropriate)**

Advocate/Practitioner name:

Role/Designation:

Signed:

Date:

Telephone Number:

Others consulted (carers, family, other):

**I do not consent to specific named persons having access to my data (see below)**

**I consent to other specific named persons entering information through the mobile application. I understand that no information will be visible to them (see below)**